

TAX INVOICE

Template: CAge_GST

Debit Memo

Address Line 1 Address Line 2 City State Pin

Phone : Pnone 1, Phone 2,

GSTIN No.: GSTIN NUMBER

PAN No.: IT Numb.

Original

Drug Lic No.1

Drug Lic No.2

Billed/Shipped To..

Name.....: **Customer - 1**

Adress...:

City.: **JUNAGADH**

State.: Gujarat

Code: 24

GSTIN No.:

PAN No...:

Phone No.: 9288349223

9999988888

SEEDS Invoice No.: **SLTD000001**

Invoice Dt.: **31/12/2017**

Challan No.:

Pur.Ord.No.:

Dt:

Transport...:

L.R.No.....:

Dt:

Cases:

POS.....:

Sr.	Description	HSN	Mfg.	Batch	Exp.Dt.	Unit	Qty.	Rate	Sch.	Disc%	CGST%	SGST%	Total
1	MILK SHAKTI 100GM	56565	PARLE	22222	02/2022	PKT	5.000	3.96			6.00	6.00	19.80
2	KRACKJACK 75GM	22323	PARLE	11111	01/2022	PKT	5.000	4.76	5.00		6.00	6.00	23.81
							10.000						43.61

Rs.: FortyEight only	Note:-	SCHEME Rs.	1.19
		OTHER Disc.	
		SGST	2.55
		CGST	2.55
		IGST	
	TOTAL O/S BALANCE	R/Off:	0.49
	48.00		
Bank Details		TOTAL	48.00
Bank Name;Branch City			
A/c no.;IFSC Code			

Terms & Condition Invoice/General Note 1 Invoice/General Note 2 Invoice/General Nore 3

Certified that the particulars given above are true and correct.

For, Template: CAge_GST

E.& O.E. Subject to Local City Jurisdiction

Authorised Signatory